FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1996 08:00 AM
Secretary of State

DOCUMENT # **F26394** **(9)**

1. Corporation Name

KEEL'S NURSERY AND GREENHOUSES, INC.

Principal Place of Business

5210 W THONOTOSASSA RD
PLANT CITY FL 33565

Mailing Address

5210 W THONOTOSASSA RD
PLANT CITY FL 33565

3. Date Incorporated or Qualified: **03/23/1981**

3a. Date of Last Report: **04/10/1995**

4. FEI Number: **59-2249932** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21
22 Street, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address

26
27 Street, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

KEEL, C. JOSEPH I
5210 W. THONOTOSASSA RD.
PLANT CITY FL 33565

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1916, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	KEEL, C JOSEPH III		12 NAME	
STREET ADDRESS	5210 W THONOTOSASSA RD		13 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL		14 CITY ST ZIP	
TITLE	SD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	KEEL, C J., JR.		22 NAME	
STREET ADDRESS	4045 HENDERSON BLVD		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		24 CITY ST ZIP	
TITLE	VD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	KEEL, PATRICIA ANN		32 NAME	
STREET ADDRESS	4045 HENDERSON BLVD		33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		34 CITY ST ZIP	
TITLE	TD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	KEEL, RYAN W.		42 NAME	
STREET ADDRESS	5210 W THONOTOSASSA RD		43 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL		44 CITY ST ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is true, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: C. Joseph Keel 4-6-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date